

SUCCESS STORY

How the “Tragedy of Nitoy” was turned into an Inspiration

His name was Nitoy, a child of poor fisherfolk. He was barely 5 years old when he lost his eyesight. He was dead before his 6th birthday. Nitoy suffered from “hidden hunger,” severe deficiency of vitamin A, iron and iodine.

Health workers refer to “the tragedy of Nitoy” to emphasize the urgency of interventions to improve the survival of the most vulnerable sector in society – children. Nitoy’s story has become the platform from which local government units, health workers and parents work faster, innovate better and reach more vulnerable children.



Micronutrient malnutrition is a serious public health problem in the Philippines. Vitamin A deficiency is most severe in the conflict-torn Autonomous Region of Muslim Mindanao (ARMM) at 44.5% compared to the national average of 85.6% (2002 Maternal and Child Health Survey, Philippine National Statistics Office). It is in the ARMM that USAID, through the Philippine Vitamin A Supplementation Program, aims to achieve over 80% Vitamin A coverage among 6-month to 5-year old children.

With war so often disrupting normal childhood routines, the children of Parang, Maguindanao have grown used to staying in evacuation centers. The Philippine Vitamin A Supplementation Program implemented by Helen Keller Intl. is tailored to suit the conditions and nuances in ARMM and in other conflict affected areas of Mindanao. The program also maximizes the tenet, “*tense situations most often bring out the best in people.*” As an example, barangay health workers take advantage of groupings in evacuation centers to improve Vitamin A coverage, immunization and de-worming for internally displaced kids.



Religious leaders like the *ulama* (men) and *alima* (women) are tapped to lend support. Even the children themselves form “peer advocacy” circles to encourage the participation of other kids. Not only is the children’s nutrition improved, in that harsh environment of conflict a community commits itself to the health of its members.

“*People are best served through the culture they know,*” emphasized Edna Togon, a Nutrition Officer of General Santos City. From the traditional procedure of asking mothers to go to health centers or depending on volunteer health workers to trek to remote communities, the Vitamin A Supplementation Program took a different tack here.

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Fiestas were organized where mothers with their children were motivated to work on proper diet and nutrition through the use of theatre. Indigenous Blaans who form the bulk of the volunteer health force double as performers using their own language, songs and movement. This way, questions and hesitations are entertained and answered. Rather than seeing the maternal and child health care practices as imposed, parents see themselves as core characters in the whole picture of their children’s health.

The municipal office took time to study the influence of culture and learned that for an activity to be absorbed as a multi-stakeholder effort, as Mayor Pedro Acharan, Jr. said it, “*Health providers should not just be givers, and the community, recipients. Health care should be owned by the communities.*”

In many USAID-assisted areas, the “tragedy of Nitoy” was turned into an inspiration.